AMERICAN LUNG ASSOCIATION®

Barriers to Asthma Guidelines-Based Care Coverage

The American Lung Association's Asthma Guidelines-Based Care Coverage Project examines coverage of and barriers to guidelines-based asthma care in Medicaid programs across all 50 states, the District of Columbia and Puerto Rico. Lack of coverage of asthma medications and services creates problems for patients to access and adhere to recommended treatments, leading to poor patient outcomes. While coverage is a critical factor in patient access, barriers also impede patients from getting timely care to manage their asthma and prevent exacerbations. This document explains some of the barriers faced by asthma patients and analyzes the frequency of these barriers in state Medicaid programs in 2018.

Age Limits and Age Restrictions: Age limits indicate that the treatment is only covered if a patient is under a certain age and age restrictions indicate that the treatment is only covered if a patient is over a certain age. Some medications may not be appropriate for patients of certain ages, so age limits and restrictions are only considered to be barriers when they contradict the guidelines that the Food and Drug Administration (FDA) sets based on science and patient safety. In these cases, age limits and restrictions can delay patients from accessing a medication until or after they reach a certain age, even if a physician determines that the medication is appropriate for them.

Copayments: A copayment is a payment that must be made to receive a treatment covered by a health plan. Research has shown that cost-sharing, such as copayments, can reduce prescription drug use among Medicaid recipients.[i] Publicly-insured populations, such as those who rely on Medicaid for healthcare coverage, are susceptible to medication nonadherence when required to pay for medication,[ii] and the reduced use of recommended asthma medications negatively impacts their health. Even relatively small cost-sharing between $1 and $5 is associated with reduced use of care, including necessary services.[iii] For Medicaid patients with asthma, having to pay these copays can be a matter of deciding between medications and other necessary expenses like food and housing.

Durable Medical Equipment (DME): Durable medical equipment (DME) is equipment that provides therapeutic benefits to patients that can withstand repeated use, primarily used for a medical purpose and appropriate for home use.[iv] Devices for asthma patients, such as nebulizers, peak flow meters and valved-holding chambers, sometimes fall under this category. When medical devices are classified as DME, patients must go to DME suppliers that are contracted with their health plan in order to receive their medical device and for the medical device to be covered by their health plan. To supply DME, pharmacies must obtain additional accreditation. However, since not all pharmacies pursue or meet the additional DME supplier standards, patients may not be able to obtain DME at their regular pharmacy, creating additional accessibility issues that may prevent them from receiving the device that they need to manage their asthma.

Eligibility Criteria: Eligibility criteria are additional qualifications that patients must fulfill or experience before a treatment or service is covered. Some examples include experiencing a certain number of asthma exacerbations or hospitalizations, quitting smoking and enrolling in disease management programs. These criteria provide an additional layer of requirements that prevent patients from accessing the care they need in a timely manner.

Prior Authorization: Prior authorizations require providers to get approval from the insurance company (in this case Medicaid or Medicaid-managed care plans) before the treatment will be covered. For medications, these requirements can add a lengthy administrative process between providers writing a prescription and patients actually receiving the recommended treatment. Prior authorization can also require providers to obtain advance approval from the health plan before a treatment or service like allergy testing or a home visit, causing delays in patient access to necessary care and even causing some patients to even abandon treatment for their condition.[v]

Quantity Limits: Quantity limits are limits on the number of treatments covered each month or over a certain amount of time. For example, medical device coverage may be limited to a certain number of medical devices per year, which impedes treatment for patients who may lose their device. This is especially problematic for children, who may need an inhaler or other medical device both at home and at school or other locations where they spend time.

Specialty Visit Limitations: Specialty visit limitations restrict the number of times a patient can visit specialists per year. These limits may prevent asthma patients from seeing specialists like allergists and pulmonologists when they need them. Limiting the number of times patients with complex conditions can see a specialist impedes access to appropriate care that can help manage their condition.

Step Therapy: Step therapy restricts access to treatments by requiring that patients attempt and fail another treatment first. Step therapy prevents providers from providing care they believe would be best for their patient immediately and requires patients to cycle through potentially less-effective or ineffective medication for their condition.

Barriers for Asthma Care Coverage in 2018

Barriers to accessing guidelines-based asthma care persist across all seven categories of care. Table 1 summarizes these trends to show the three most common barriers imposed by health plans across Medicaid programs in all 50 states, D.C. and Puerto Rico for 2017 to 2018. Detailed data on the frequency of barriers for each component of care in state Medicaid programs is available in Appendix 1.

Table 1: Common Barriers to Asthma Care by Category of Care (in %), 2017-2018

Quick Relief Medications	Controller Medications	Medical Devices	Allergy Testing	Allergen Immunotherapy	Home Visits	Self-Management Education
Copayment (66.8)	Copayment (68.6)	DME (74.3)	Quantity Limits (34.0)	Quantity Limits (35.3)	Prior Authorization (50.0)	Quantity Limits (21.7)
Quantity Limits (63.9)	Quantity Limits (53.1)	Quantity Limits (65.8)	Copayment (29.0)	Copayment (27.5)	Quantity Limits (40.9)	Copayment (13.0)
Prior Authorization (26.7)	Prior Authorization (47.8)	Copayment (35.5)	Prior Authorization (9.0)	Prior Authorization (13.7)	Eligibility Criteria (31.8)	Age Limits (10.9) & Age Restrictions (10.9)

Note: The percentages in parentheses indicate the frequency the barrier occurs for that category of care. Frequency of a barrier is the occurrence of the barrier divided by the total possible occurrences of the barrier. For example, copayment was observed for 66.8 percent of quick relief medications covered by state Medicaid programs.

Copays, quantity limits, and prior authorization are consistently top barriers across all seven categories of care. Copay is the top barrier for both quick relief and controller medication and appears as a top three barrier in six of the seven categories of care. Copay amounts can vary by health plans within the same state Medicaid program, and some plans in the state program may not require copays while others do. Quantity limits are the number one barrier for allergy testing, allergen immunotherapy and self-management education and one of the three most common barriers for all seven categories of care. Quantity limits vary from the number of medication refills a patient can obtain in a certain time period to the number of home visits or self-management education classes that patients can have per benefit year. Prior authorization, which adds an additional administrative step for providers and delays patient access to treatment, is observed in five of the seven categories of care and is the most common barrier to home visits.

Asthma can be managed effectively through adherence to guidelines-based treatment. However, the Asthma Guidelines-Based Care Coverage Project found many barriers in state Medicaid programs in all 50 states, D.C. and Puerto Rico in 2017-2018. Barriers are associated with reduced medication adherence and can delay and prevent patients from accessing the treatments and services that they need to manage their asthma. Removing these barriers could make it easier for patients to follow guidelines-based care and improve their health outcomes. To find state-specific coverage and barriers information in different state Medicaid programs, please visit www.lung.org/asthma-care-coverage.

This document was supported by Grant Number 6NU38OT000224-05, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Appendix 1

Frequency of Barriers for Treatments and Services Among State Medicaid Programs Covering a Category of Care in 50 US States, the District of Columbia, and Puerto Rico (in %), 2017-2018

Barriers		Quick Relief Medication	Controller Medication	Medical Devices	Allergy Testing	Allergen Immunotherapy	Home Visits	Asthma Self-Management Education
Age Limits	Yes, is a barrier	**1.5**	**7.4**	**4.6**	**2.0**	**2.0**	**27.3**	**10.9**
	No, not a barrier	81.7	77.3	52.0	44.0	41.2	45.5	43.5
	Not available	16.8	15.3	43.4	54.0	56.9	27.3	45.7
Age Restrictions	Yes, is a barrier	**1.0**	**3.5**	**0**	**0**	**3.9**	**13.6**	**10.9**
	No, not a barrier	82.2	80.0	56.6	46.0	41.2	54.5	45.7
	Not available	16.8	16.4	43.4	54.0	54.9	31.8	43.5
Copayment	Yes, is a barrier	**66.8**	**68.6**	**35.5**	**29.0**	**27.5**	**9.1**	**13.0**
	No, not a barrier	31.2	29.9	38.2	35.0	35.3	68.2	52.2
	Not available	2.0	1.5	26.3	36.0	37.2	22.7	34.8
Durable Medical Equipment (DME)	Yes, is a barrier	N/A	N/A	**74.3**	N/A	N/A	N/A	N/A
	No, not a barrier			9.9				
	Not available			15.8				
Eligibility Criteria	Yes, is a barrier	**0**	**2.2**	**1.3**	**1.0**	**0**	**31.8**	**8.7**
	No, not a barrier	83.2	80.8	52.6	41.0	39.2	31.8	37.0
	Not available	16.8	17.0	46.1	58.0	60.8	36.4	54.3
Prior Authorization	Yes, is a barrier	**26.7**	**47.8**	**24.3**	**9.0**	**13.7**	**50.0**	**6.5**
	No, not a barrier	70.8	49.6	46.7	52.0	47.1	22.7	50.0
	Not available	2.5	2.5	28.9	39.0	39.2	27.3	43.5
Quantity Limits	Yes, is a barrier	**63.9**	**53.1**	**65.8**	**34.0**	**35.3**	**40.9**	**21.7**
	No, not a barrier	32.2	40.6	13.8	20.0	17.6	22.7	37.0
	Not available	4.0	6.4	20.4	46.0	47.1	36.4	41.3
Specialty Visit Limitation	Yes, is a barrier	N/A	N/A	N/A	**4.0**	**3.9**	**0**	**2.2**
	No, not a barrier				36.0	35.3	54.5	41.3
	Not available				60.0	60.8	45.5	56.5
Step Therapy	Yes, is a barrier	**21.3**	**35.5**	N/A	**0**	**3.9**	**9.1**	**4.3**
	No, not a barrier	71.3	57.6		41.0	37.3	50.0	41.3
	Not available	7.4	6.9		59.0	58.8	40.9	54.3

Note: Frequency of a barrier is the occurrence of the barrier divided by the total possible occurrences of the barrier. For example, copayment is a barrier in 66.8 percent of the quick relief medications covered by state Medicaid program health plans. Copayment is not a barrier in 31.2 percent of quick relief medications covered by state Medicaid program health plans. Information is not available to determine whether copayment is a barrier in 2.0 percent of quick relief medications covered by state Medicaid plans. Not all barriers are applicable to all categories of care, as indicated by N/A or Not Applicable.

[i] *Hartung DM, Carlson MJ, Kraemer DF, Haxby DG, Ketchum KL, Greenlick MR. Impact of a Medicaid copayment policy on prescription drug and health services utilization in a fee-for-service Medicaid population. Med Care, 2008 Jun; 46(6): 565-72. Accessed at: https://www.ncbi.nlm.nih.gov/pubmed/18520310.*

[ii] *Sinnott SJ, Buckley C, O'Riordan D, Bradley C, Whelton H. The effect of copayments for prescriptions on adherence to prescription medicines in publicly insured populations; a systematic review and meta-analysis.*

PLoS One, 2013 May 28; 8(5): e64914. Accessed at: https://www.ncbi.nlm.nih.gov/pubmed/23724105.

[iii] *Artiga S, Petry U, Zur J. The effects of premiums and cost sharing on low-income populations: updated review of research findings. Kaiser Family Foundation, 2017 Jun. Accessed at: https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/.*

[iv] *Burke G, Chan D. Understanding durable medical equipment. National Center for Law & Elder Rights, 2018 May. Accessed at: https://ncler.acl.gov/pdf/Understanding%20DME%20Issue%20Brief.pdf.*

[v] *2017 prior authorization physician survey. American Medical Association, 2018 Feb. Accessed at: https://www.ama-assn.org/sites/default/files/media-browser/public/arc/prior-auth-2017.pdf*